

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | MC | | 8-30-01 |
| O.I.P.E. CLASSIFIER | | 79 | 9/5/01 |
| FORMALITY REVIEW | SA | 261039 | 10/05/01 |
| RESPONSE FORMALITY REVIEW | H-2 | 266 | 6/1-23-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
| 5 | ✓ | ✓ | |
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| 11 | ✓ | ✓ | |
| 12 | ✓ | ✓ | |
| 13 | ✓ | ✓ | |
| 14 | ✓ | ✓ | |
| 15 | ✓ | ✓ | |
| 16 | ✓ | ✓ | |
| 17 | N | ✓ | |
| 18 | N | ✓ | |
| 19 | N | ✓ | |
| 20 | U | ✓ | |
| 21 | U | ✓ | |
| 22 | N | ✓ | |
| 23 | N | ✓ | |
| 24 | N | ✓ | |
| 25 | N | ✓ | |
| 26 | N | ✓ | |
| 27 | N | ✓ | |
| 28 | N | ✓ | |
| 29 | N | ✓ | |
| 30 | N | ✓ | |
| 31 | N | ✓ | |
| 32 | U | ✓ | |
| 33 | N | ✓ | |
| 34 | N | ✓ | |
| 35 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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1-3-01
 1-3-01
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